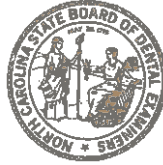


NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

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October 25, 2017

CERTIFIED MAIL/RETURN RECEIPT

Dr. Jayne Elizabeth Lewis
4725 Bougainville Drive, #208
Honolulu, HI 96818

RE: Case #16-098

Dear Dr. Lewis

The North Carolina State Board of Dental Examiners has completed its review of all materials and evidence submitted in the above matter. The information establishes, and you admit, that you wrote a prescription for 60, 1 mg Cionazepam tablets for your husband on January 13, 2016. You also admit to writing prescriptions for Alprazolam and Propranolol for your husband. Your husband was not a dental patient in your practice, nor were these medications prescribed within the scope of your professional practice as a dentist. You admit that the prescriptions written for your husband were actually for your own use.

The information also establishes that you wrote a prescription for Percocet for dental assistant, Meagan Plant, on February 18, 2016. You admit this medication was not prescribed for a dental purpose and was not within the scope of your professional practice as a dentist. You did not renew your dental license in North Carolina after the events in question, and currently reside in Hawaii according to your address of record with the Board.

Based on the information available, it is the Board's opinion that your actions as described above violate G.S. § 90-41(a)(25), in that you prescribed medication outside the scope of your practice. For this reason, the Board proposes to officially reprimand you. An official reprimand would include a copy of this letter being placed in your permanent file, notification of the reprimand being sent to the National Practitioner Data Bank, and a copy of the reprimand placed on the Board's web page.

Please indicate your acceptance of the reprimand by signing below and returning this letter to the Board office within thirty (30) days of the receipt of this letter. A final copy will be mailed to you once the Board approves and enters the reprimand. If you do not accept this reprimand by returning a signed copy within 30 days, the Board either will proceed with a formal evidentiary hearing or may take other appropriate procedural action concerning your license.

If you have any questions or need additional information, please do not hesitate to contact the Board office. The Board appreciates your cooperation during its investigation of this matter.

Sincerely,

Casie S. Goode

Casie S. Goode
Deputy Operations Officer

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

ACCEPTED:

Jayne E. Lewis DMD
Jayne E. Lewis, DDS DMD

11/6/17

Date

12/19/17

Date Executed
(Board Use Only)

